

PROGRESS SHEET – APPLICATION FOR WATER RIGHT

☐ SURFACE WATER ☒ GROUND WATER

NAME: **Mr. John Eminger**
East Basin Investments
P.O. Box 166
Chewelah, Washington 99109-0166
H: 509-935-0506 W: 509-935-6649 x. 614 F: 509-935-4218

CONTACT: **Gene St.Godard**
P.O. Box 28755
Spokane, Washington 99228-8755
H: 509-953-9395 W: 509-468-4876

☐ ASSIGNED (SEE BACK OF PAGE)

STEVENS COUNTY

WRIA

62

WRTS No. **G3-30532**

ID No. **4400034**

APPLICATION NO.: G3-30532

PRIORITY DATE: April 17, 2007

Date App rcvd: **April 17, 2007** Date fee rcvd: **04-17-2007** Amount **\$50.00** Check No.: **18782**

Returned for completion or correction: _____ Rcvd: _____

Statement of additional exam. fee: Rcvd: _____ Amount \$ _____ Check No.: **6278**

☒ Application mapped by: **5-1-07** date: _____

PUBLICATION:

☐ SPOTTED

Newspaper(s): **Chewelah Independent or Statesman Examiner**

OK'd by: **K.A.Ryf**

Date Notice Sent _____

Date Affidavit rec'd: _____

Time expires: _____

Checked by: _____

Date: _____

☐ Protests: _____

☐ Fee rec'd: _____

☐ Field Packet sent: _____ by: _____

INTERESTED PARTIES:

☐ WDFW ☒ State DOH ☒ County DOH ☒ Tribe ☐ USBR ☐ W²FO ☐ EphrataFO ☐ _____

WDFW COMMENT: ☐ YES ☐ NO Note: _____

FISH SCREEN: ☐ YES ☐ NO LOW FLOW PROVISIO: ☐ YES ☐ NO

OTHER COMMENT(S): _____

FIELD EXAMINATION REQUIRED: ☐ YES ☐ NO

| EXAMINATION DATE | ROE ISSUED | SUP. ROE ISSUED | PERMIT ISSUED | SUP. PERMIT ISSUED |
|------------------|------------|-----------------|---------------|--------------------|
| | | | | |

☐ ROE map checked by: _____ date: _____

☐ Permit map checked by: _____ date: _____

DEVELOPMENT SCHEDULE:

BC due: _____ EXT to: _____ BC filed: _____

WELL LOG(S) RECEIVED: ☐ YES ☐ NO Note: _____

CC due: _____ EXT to: _____ CC filed: _____

PA due: _____ EXT to: _____ PA filed: _____

METER INSTALLED: ☐ YES ☐ NO Meter ID No.: _____

FISH SCREEN INSTALLED: ☐ YES ☐ NO Note: _____

PA FIELD EXAMINATION REQUIRED: ☐ YES ☐ NO

Date examination made: _____ By: _____

APPROVED FOR CERTIFICATE: ☐ YES ☐ NO

Cert. fee: \$ _____ Date letter sent: _____ Fee rec'd: _____ Check No.: _____

☐ Certificate map checked by: _____ date: _____ Date Certificate issued: _____

cc: Mr. Gary Passmore, Env. Trust, **Colville Confederated Tribe**, P.O. Box 150, Nespelem, WA 99155-0150
Eastern Drinking Water Op., **WA State Dept. of Health**, 1500 W 4th Ave, Ste. 305, Spokane, WA 99204
Jim Matsuyma, **NE Tri-County Health Dist. Stevens/Ferry Co.**, PO Box 270, Colville, WA 99114-0270

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXISE TAX

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

☐ Copy of Application/ROE/Permit sent to assignee: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

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